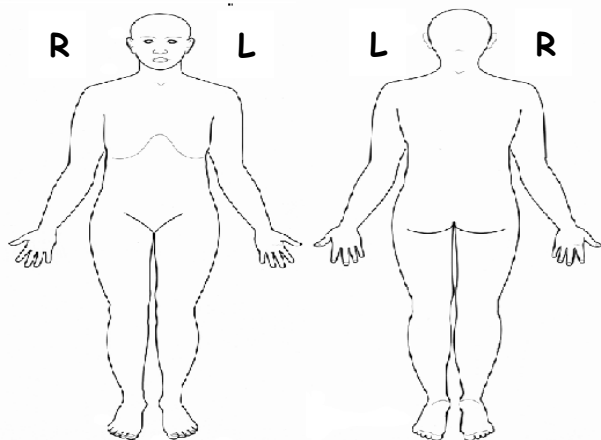


How Can We Help You?

PLEASE LIST YOUR CURRENT ISSUES (most severe first)	SEVERITY (1 - 10) 1=mild- 10=severe	QUALITY OF PAIN (eg: sharp, dull, burning, ache, constant or intermittent)	DO YOU EXPERIENCE REFERRED PAIN (shooting, pain, pins & needles or numbness)?	WHEN & HOW DID THE ISSUE BEGIN?	ANY AGGRAVATING OR RELIEVING FACTORS? What makes it better or worse?	HAVE YOU HAD THIS CONDITION BEFORE? When?	HAVE YOU RECEIVED ANY CARE OR TREATMENT FOR THIS ISSUE TO DATE?
1.							
2.							
3.							

Please mark the areas of discomfort



Chiropractors Comments
